

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M23000008008

**Entity Name:** COMMUNITY MORTGAGE FUNDING, LLC

**Current Principal Place of Business:**

3201 W. TEMPLE AVENUE, SUITE 120  
POMONA, CA 91768

**Current Mailing Address:**

3201 W. TEMPLE AVENUE, SUITE 120  
POMONA, CA 91768 US

**FEI Number:** 95-4769926

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MBR  
Name FARMERS INSURANCE GROUP FCU  
Address 2255 N, ONTARIO STREET #320  
City-State-Zip: BURBANK CA 91504

Title MBR  
Name SOUTHERN CALIFORNIA EDISON FCU  
Address 12701 SCHABARUM AVE  
City-State-Zip: IRWINDALE CA 91706

Title MGR  
Name BENG, HARLAND  
Address 2255 N. ONTARIO ST. #320  
City-State-Zip: BURBANK CA 91504

Title MGR  
Name OLIVER, JENNIFER  
Address 2255 N. ONTARIO ST. #320  
City-State-Zip: BURBANK CA 91504

Title AUTH  
Name ROBERTS, LAURA  
Address 3201 WEST TEMPLE AVE SUITE 120  
City-State-Zip: POMONA CA 91768

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAURA ROBERTS

**CEO**

**04/16/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date